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AUTHOR Borea, Marilyn; Loewenson, Dan  
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ABSTRACT

This document reviews information presented at a session of the National School Boards Association Convention on April 20, 1980 on assisting students and personnel with the problem of drug abuse and alcoholism. The development of the Minneapolis Public Schools Chemical Awareness Program is reviewed, including a description of the needs of the general community, the services currently provided to children, and the training programs available for teachers. (CS)

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NATIONAL SCHOOL BOARDS ASSOCIATION  
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San Francisco Hilton

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

SESSION  
TOPIC:

B-25 Alcoholism and Drug Abuse:  
How to Assist Students and Personnel with the Problem

PRESENTER:

Ms. Marilyn Borea  
Chairperson,  
Board of Education  
Minneapolis, Minnesota

TITLE:

"Cooperation Between Schools and Community for a Continuum of Chemical Awareness Services"

I. The Need:

The general community alarm over "drug problems", at its peak during the 60's and 70's, has diminished somewhat. In its place has come a more realistic attitude of concern strengthened by a dramatic increase in awareness. A recent national Gallop Poll shows that drug abuse and school discipline were ranked at the top as major concerns of parents for their school-age children.

Recent national, state of Minnesota and Minneapolis student surveys clearly indicate that the use and abuse of alcohol and other drugs continues to increase. In addition to the increase in consumption rates, study data reveals that the average age of students using or abusing drugs are becoming progressively younger. Increasing parental awareness of these trends was clearly reflected in a Minneapolis Public Schools community questionnaire. When asked to identify which health-related subject areas were of importance in curricular activities, parents overwhelmingly selected drug and alcohol awareness and abuse prevention as primary.

As the level of drug and alcohol awareness increases among educators, it becomes clear that the abuse of these substances is directly related to key educational concerns. In addition to a decline in academic performance on the part of students abusing drugs, there is increasing evidence that the school drop-out figures, assaults, vandalism, theft and other criminal/delinquent behaviors are often associated with alcohol or drug abuse. Throughout the development of the Minneapolis Public Schools'

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Chemical Awareness Program, several crucial assumptions have consistently guided our course. First and foremost, adolescent drug abuse is a community problem, and cannot be addressed only by the school district. Secondly, with the reality of declining enrollment, school districts cannot and should not be asked to bear the entire burden of program development in this area. Third, the school setting, often where the problem of drug abuse surfaces for individual students, is not the appropriate environment in which to provide primary treatment. And fourth, intervention for individual students experiencing drug use-related problems, if it is to be effective, must be supported by active participation from parents and community.

## II. Directions for Students:

Based upon increasing knowledge regarding effective assessment of student drug problems, we can conclude that all student alcohol and drug use problems do not share the same characteristics. That is, not all students who chose to use mood-altering chemicals are chronic abusers. They may be experimenting with drugs, drinking at parties once a week or consuming alcohol within the context of family-oriented functions. For this reason, we cannot assume that every student who says "yes, I drink once in a while" needs professional help for a drinking problem.

Likewise, those students who may minimize their drug involvement should never be allowed to slip through the cracks because of our inability to diagnose their drug use problems.

For this reason, a school-based chemical awareness program must be able to provide students and their families differential assessment services. School services must be able to discriminate between the chemically dependent and the experimenter or the drug abusing student from the learning disabled one.

Levels of services must be varied to meet the needs of all students regardless of the extent of drug involvement. We can identify several levels of service essential to any effective chemical awareness program.

From experience in this area, we know that the greatest need identified by school staff is the necessity for a program to deal with those students who are currently in school but dysfunctional due to their drug abuse. For this reason, establishing effective assessment and intervention services for dysfunctional students should be the initial development goal of any chemical awareness program. Providing staff within a school to whom students or families can turn for help provides the basis of support upon which to build additional components of the program. This direct

service component can also provide school staff and parents with the two most important lessons to be learned - that effective help is available when needed and that schools can utilize community agencies to provide help that works.

A second component to supplement the assessment and intervention services is in-school group counseling. Frequently, individual students are identified as experiencing problems but not directly related to their own drug abuse.

Three types of group counseling experiences which appear necessary to meet these needs are: Alateen or concerned persons groups for students experiencing problems related to someone else's alcoholism or drug abuse; support groups for students returning to school from treatment programs or others who wish to make a commitment to a drug-free lifestyle and; self-awareness groups for those students who are experimenting or using drugs occasionally, and who benefit from increasing drug awareness and self-assessment. It has been demonstrated that with training, existing staff within a school can facilitate these groups with the result of preventing major problems for these students of high risk populations.

Often, after these two components are in place, the question arises regarding prevention. What can we do to dissuade the student who has not yet begun using drugs from ever starting? The answer appears to rest within the home and the classroom. It is within these two environments that the most effective prevention strategies reap their best results. Therefore, any school district's chemical awareness program must concentrate its prevention focus here. The quality of information and interaction between child, parent, teacher and peers is directly related to the success of prevention efforts.

The promotion of complete abstinence among children and adolescents appears to be unrealistic given the nature of our chemically-oriented society. However, promotion of responsible behavior as they relate to consuming mood-altering chemicals is essential.

Within the classroom, students require periodic exposure to chemical awareness information and decision-making strategies throughout their K-12 involvement. A developmental curriculum in mental health/chemical awareness is essential if children are to hear another "voice" with a different perspective than their peers.

To support and motivate parents in discussions with their children regarding drug use and abuse, a school district must provide periodic informational programming for its community. To compliment these awareness activities, ongoing parent support groups can be initiated to provide peer support for home

prevention. Schools must assume a portion of the responsibility to inform parents that no one can raise a child in today's world without confronting the question of drug use. The schools, more than any other social agency, has insight into the characteristics of the upcoming generations as well as access to the community to which these insights need to be shared.

### III. Program for Staff:

Teacher training has previously been mentioned in the area of classroom prevention activities. All school staff also must be made aware of the early signs and characteristics of adolescent drug abuse. If an early identification and intervention program is to be effective, accurate referrals are required from knowledgeable faculty members.

One area of staff development too often overlooked is that of personnel. School district policy and guidelines related to alcohol and drug abuse should clearly address both students and staff. Just as we witness student drug abuse daily, we must also recognize that our staff may exhibit the same problem. In order to round out a comprehensive chemical awareness program, we must be willing to confront the issue of staff alcoholism. Through a philosophy that recognizes alcoholism as a treatable problem, guidelines can be developed by which staff members receive non-punitive leaves of absence. A framework of confidential, concerned intervention can and does result in significantly reducing two of the most frequently discussed problems - teacher absenteeism and job performance.

These previously described components of a comprehensive chemical awareness program may appear to be predictive of what can be possible within a school district. Fortunately, I can state that all of these are a reality within our district. The development process has taken several years. No single part of this program has been initiated by itself. Each component is the result of joint planning, financing and implementation by district staff, city and county governments and state legislation.

## THE MINNEAPOLIS PROGRAM

The current Minneapolis Public Schools Chemical Awareness Program, with a staff of 24 full-time chemical dependency professionals, began its development early in 1974. With financial assistance from the State of Minnesota Alcohol and Drug Authority, the Minneapolis Public Schools and Hennepin County established our first pilot program. Two full-time Chemical Dependency Specialists were placed in one junior and one senior high school. Their task was to assist the building staff and the community by providing on-site early identification, intervention and referral services to students and families experiencing drug use-related problems.

Once having established the credibility of this approach at these two pilot sites, other schools began to request the program be available within their buildings. With the addition of another Chemical Dependency Specialist, an extensive staff development program was initiated on a city-wide basis.

With an increased awareness of early signs and symptoms of chemical abuse on the part of school staff came a dramatic increase in referrals of students in need of help. What was quickly discovered was what we already knew - that providing chemical dependency services within one secondary school is a full-time job.

At this point, rapid program development occurred. Parents who had been helped by the existing Chemical Dependency Specialists and school district staff who had witnessed the success of the program, created a strong lobbying force by which new dollars were brought to the school system from local district, community agency, Hennepin County and State of Minnesota funding sources.

Consistently maintaining our initial focus, the primary area to which these funds were allocated was for the placement of Chemical Dependency Specialists within individual school buildings.

As our system increased our abilities to deal with crises cases where chemical abuse existed, a new area of concern was explored. With increasing volume, parents and school staff began to ask about prevention. In 1977, the district added to the program staff a Chemical Abuse Prevention Specialist. Existing curriculum for grades K-6, primarily underutilized at that time, was revised and upgraded. Additional prevention staff were added to accommodate the city-wide effort to train and motivate our elementary teachers to incorporate this Mental Health/Chemical Abuse Prevention Curriculum into the classroom. In addition to frequent prevention training workshops, the prevention staff concentrated on key staff in individual schools and worked with them to co-facilitate in-school concerned persons groups as well as groups for "high risk" students who had already begun experimenting and using drugs.

Today, the Chemical Awareness Program within our district provides services to over 1,500 students and their families during the school year. The secondary school program has expanded its direct service components to include numerous in-school group counseling in almost all schools, classroom presentations across curricula subject lines, unique full-scale courses in "Self Awareness About Chemical Use and Dependency" for which students can voluntarily enroll and receive credit, and a wide variety of parent and community awareness programs.

Conclusion: The Chemical Awareness Program staff inform me that we are about 50% there. Our efforts are widespread and have broad impact but the future will see expansion and refinement. The incidence of chemical abuse

among young people within our schools is continuing to increase. We hope to reduce its harmful impact upon all of us by continuing to assess our efforts, evaluate the changing needs of adolescents and strengthen our successful programs. Through this process, the Minneapolis Public Schools will continue its role as a productive partner working with students, parents and community.